

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527936

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11				2		
12				2		
13				2		
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25				2		
26				2		
27				2		
28				2		
29			1			
30						
31						
32						
33						
34						
35						
36						
37			1			
38						
39						
40						
41						
42						
43				2		
44				2		
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52			1			
53				1		
54				1		
55				1		
56			1			
57				1		
58				1		
59				2		
60				1		
61				1		
62			1			
63				1		
64						
65			1			
66						
67						
68						
69						
70				1		
71				3		
72				3		
73			1			
74				1		
75				1		
76				3		
77				1		
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	86	←		←
TOTAL CLAIMS			94			